LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE



Comcast Phone of Arkansas, LLC

(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT

200 Cresson Boulevard, Phoenixville, PA 19460

(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY#

2404

(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2019

LETTER OF TRANSMITTAL

To:	Arkansas Public Service Commission Post Office Box 400 Little Rock, Arkansas 72203-0400
Submi	tted herewith is the annual report covering the operation ofComcast Phone of Arkansas, LLC
of Cre	(Company) sson Boulevard, Phoenixville, PA 15 for the year ending December 31, 2019. This report is submitted in
accord	(Location) ance with Section 51 of Act 324 of the 1935 Acts of Arkansas.
	llowing report has been carefully examined by me, and I have executed the verification given below.
	Joseph Longe (Signature)
	Executive Director
	(Title)
	VERIFICATION
	VERIFICATION
STATE	EOF) , ss.
COUN	,
I, the u	ndersigned, Joseph Lance, Executive Director of the (Name and Title)
Co	mcast Phone of Arkansas, LLC, on my oath do say that the following report has
careful and aff knowle gross r	(Company) repared under my direction from the original books, papers, and records of said utility: that I have ly examined the same, and declare the same a complete and correct statement of the business rairs of said utility in respect to each and every matter and thing set forth, to the best of my dge, information, and belief; and I further say that no deductions were made before stating the evenues, and that accounts and figures contained in the foregoing statements embrace all of the all transactions for the period in this report.
	Joseph Jane (Signature)
Subscr	ibed and sworn to before me this
	March
My Cor	mmission Expires Vept. 9, 2023
My co	Donwealth of Pennsylvania - Notary Seal Reborah A. Grillo, Notary Public Montgomery County mmission expires September 9, 2023 Commission number 1293095 ar. Pennsylvania Association of Notaries

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

1	Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
2	The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
3	If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
4	Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
5	Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
6	This report will be scanned in. Please bind with clips only.
7	Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
8	In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
9	Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
10	Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.
11	Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:						
Name	James G. Gray	Title	Senior Director of Regulatory Accounting			
Address	200 Cresson Boulevard, Phoenixville	e, PA	19460			
Telephor	e Number610-665-2536					
E-Mail	E-Mail jim gray2@cable.comcast.com					
Give the name, address, telephone number and e-mail address of the resident agent: NameComcast Capital Corporation Telephone Number						
Address 1201 Market Street, Suite 1000, Wilmington, DE 19801						
E-Mail N/A						

IDENTITY OF RESPONDENT

1.	Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:
	Comcast Phone of Arkansas, LLC
2.	Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:
	(a) 2714 S Shackelford, Little Rock, AR (b) N/A
3.	Indicate by an \mathbf{x} in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.
	(a) () Electric, () Gas, () Water, (X) Telephone, () Other
	(b) () Proprietorship, () Partnership, () Joint Stock Association, () Corporation, () Other (describe below):
4.	If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.
	(a) Limited Liability Company, Organized under the laws of Delaware on January 26, 2005
	(b) Comcast Phone of Arkansas, LLC is a direct and wholly owned subsidiary of Comcast Phone II, LLC, which is a direct and wholly owned subsidiary of Comcast Cable Communications Holdings, Inc. Comcast Corporation is the parent company of Comcast Cable Communications Holdings, Inc.
5.	If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:
	(a) N/A
	(b)
	(c)
6.	State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:
	N/A

7.	State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like particulars as required of the respondent in inquiry No. 5 above:	
	(a) N/A	
	(b)	
	(c)	
8.	State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized and (d) state the occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, giving full particulars.	
	(a) N/A	
	(b)	
	(c)	
	(d)	
9.	Was respondent subject to a receivership or other trust at any time during the year? If so, state:	NO
	(a) Name of receiver or trustee:	
	(b) Name of beneficiary or beneficiaries for whom trust was maintained:	
	(c) Purpose of the trust:	
	(d) Give (1) date of creation of receivership or other trust, and (2) date of acquisition of respondent: (1) (2)	
0.	Did the respondent act in any of the capacities listed in Paragraph (a) below during the past year?NO If so,	
	(a) Indicate the applicable one by an X in the proper space:	
	 () Guarantor, () Principalobligor to a surety contract, () Principalobligor to a guaranty contract. 	
	(b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.	

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Dat	Date of Term		
Name of Director		Beginning	End		
1		1 1			
1		1 1			
		1 1			
1		1 1			
1		1 1			
		1 1			
		1 1			

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address			
Steven Croney	Executive V.P. and CFO Comcast Cable	One Comcast Center Philadelphia, PA 19103			
Ernest A. Pighini	Senior Vice President, Controller	One Comcast Center Philadelphia, PA 19103			
Brian Rankin	V.P., Senior Deputy General Counsel	One Comcast Center Philadelphia, PA 19103			
Kristine A. Dankenbrink	Senior Vice President - Taxation	One Comcast Center Philadelphia, PA 19103			
Kathryn A. Zachem	Executive Vice President - Regulatory &	One Comcast Center Philadelphia, PA 19103			
	State Legislative Affairs				

GROSS ASSESSABLE REVENUES		
Description	Amount	
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$10,400,999	

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	
Business	
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	*N/A
PBX Access Lines	
Coin or Credit Card Paystation Access Lines	
Company Official Access Lines (Numbers)	
TOTAL ACCESS LINES	*N/A

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

Joseph Jonce
Executive Director

COMPANY CONTACTS

Company Information					
Company Name	Company Name Comcast Phone of Arkansas, LLC				
dba	dba				
200 Cresson Boulevard, Phoenixville PA 19460 Official Mailing Address					
Mailing Address for APSC Annual Assessment Invoice					

AREA	PERSON TO CONTACT	PHONE #	FAX#	E-MAIL
Annual Report	James G Gray	610-665-2536	610-665-2753	jim_gray2@cable.comcast.com
APSC Annual Assessment	James G Gray	610-665-2536	610-665-2753	jim_gray2@cable.comcast.com
Tariffs	David Lloyd	303-658-7211	720-267-3295	david lloyd@cable.comcast.com
Property Taxes	Pamela Willmoth	215-286-3542	215-286-1048	pamela_willmoth@comcast.com
Regulatory Affairs	Ronnie Colvin	601- 586-2164		Ronnie Colvin@cable.comcast.com

Please list the number of utility employees located in Arkansas N/A

N/A	
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